

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016319 AT

DOCUMENT # **A96000000769**

1. Entity Name  
**PROFESSIONAL MANAGEMENT CONCEPTS, LTD.**

FILED

02 APR 25 PM 1:06

LF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**3101 W. 13TH ST**      **3101 W. 13TH ST**  
**ST. CLOUD FL 34769**      **ST. CLOUD FL 34769**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State      City & State

4. FEI Number      Applied For  
**59-3373790**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MURRAY, FRANK J**  
**4530 ALBRITTON ROAD**  
**ST. CLOUD FL 34772**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$970.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>MURRAY, FRANK J</b>	<b>4530 ALBRITTON ROAD</b>	<b>ST. CLOUD FL 34772</b>

STREET ADDRESS	CITY-ST-ZIP
<b>100005418651--4</b>	<b>-05/01/02--01084--003</b>
<b>****141.25</b>	<b>****141.25</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Frank J. Murray* **General Partner**      4/23/02 (407) 957-5363

CR2E003 (9/01)